

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27590

3248

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days
(Specify whether
In this community 45 Years years, months or days)

3. (a) PRINT FULL NAME Mr Edward MICKENS3. (b) If veteran, name war None 3. (c) Social Security # 487-05-20564. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 11th years 1884 (Day) (Year)7. Birth date of deceased March 11th 1884 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
57 5 17 hr. min.9. Birthplace Denvers Illinois (City, town, or county) (State or foreign country)10. Usual occupation Book Binder11. Industry or business W. P. A.12. Name James Mickens13. Birthplace Illinois (City, town, or county) (State or foreign country)14. Maiden name Molly Miller15. Birthplace Illinois (City, town, or county) (State or foreign country)16. (a) Informant Mrs Gertrude Krause(b) Address 3258 McGee Street City17. (a) Burial (b) Date thereof 8-30-41 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Elmwood Cemetery18. (a) Signature of funeral director Melody-McGilley(b) Address Kansas City Missouri19. (a) 8/29/41 (b) M. H. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3258 McGee Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th year 1941 hour 3 minute A.M.21. I hereby certify that I attended the deceased from Feb 11, 1941 to Aug 28, 1941; that I last saw him alive on July 23, 1941 and that death occurred on the date and hour stated above.Immediate cause of death CerebralHemorrhage (2nd attack) Duration
Due to Cerebral SclerosisDue to 43A 1 00Other conditions none
(Include pregnancy within 3 months of death)Major findings: none
Of operationsOf autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. H. Brown (M. D. or other) 1
Address 3258 McGee Street Date signed Aug 29-41

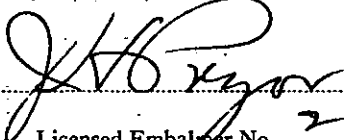
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 267

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

P. O. Address.....

ICC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 3248

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. Convalescent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edward Mickens

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 57 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 8/29/42 (b) M. H. Brown (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. 3258 Le Gee Street (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Aug. day 28th year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Cerebral Hemorrhage, 2nd attack
Due to Cerebral sclerosis

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. W. Cechotam (M. D. or other) _____
Address 1314 Date signed 8/29/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

S-27590